

IMPORTANT NOTICE FROM NOTHEAST MOSQUITO CONTROL TO HAMILTON PROPERTY OWNERS

The Northeast Mosquito Control District no longer is able to accommodate those requests that do not adhere to 333 CMR 13:00, due to a determination by the State's legal department (please see regulation below).

In order to exempt your property from being sprayed, you MUST NOTIFY THE TOWN CLERK'S OFFICE by certified mail PRIOR TO MARCH 1st of each year that you wish to exempt your property from all spraying. Designation for exclusion MUST BE MADE PRIOR TO MARCH 1ST OF EACH YEAR and shall be effective from April 1st of that year through March 31st of the following year.

Properties to be exempted will be entered into Mosquito Control's new data collection and mapping program. This program is designed to alert the applicator of an upcoming, exempted property allowing the sprayer to be turned off in an appropriate time frame. Properties included in the exemption layer of the mapping program are based on the actual parcel boundaries (according to the Mass GIS database) to allow for better exemption of the entire property.

A final list for each municipality will be generated by March 15 of all exemptions, including information on those that do not match the assessor's ownership record. The desires of the owner of the property will take precedence over those of a tenant according to 333 CMR 13:00.

REGULATION:

13:03: Exclusions from Pesticide Application

(1) General.

(a) Wide Area Applications of pesticides and mosquito control applications of pesticides approved by the State Reclamation and Mosquito Control Board shall not be made to private property which has been designated for exclusion from such application by a person living on or legally in control of said property.

(b) Designation for exclusion from Wide Area Applications of pesticides and mosquito control applications of pesticides approved by the State Reclamation and Mosquito Control Board may be made by supplying the clerk of the municipality in which such lands lie with a certified letter providing the name, address, and telephone number (if any) of the person requesting the exclusion, the address of the property to be excluded, and a description of the types of pesticide application programs for which exclusion is requested.

(c) Designation for exclusion may be made prior to March 1st of each year and shall be effective from April 1st of that year through March 31st of the following year.

(d) A designation for exclusion made by a tenant shall not be deemed to limit the right of the landlord to apply, or authorize the application of, pesticides to that land if by the express or implied terms of the written or oral rental agreement the owner retains the right to apply or authorize the application of such pesticides.

NOTE: AS A PROPERTY OWNER IT IS YOUR RESPONSIBILITY TO CONTACT THE TOWN CLERK'S OFFICE, IN WRITING, PRIOR TO MARCH 1ST OF EACH YEAR, REQUESTING THAT YOUR PROPERTY BE EXEMPTED. FOR YOUR CONVENIENCE, BELOW IS A "REQUEST FOR EXCLUSION FOR APPLICATION OF PESTICIDE" FORM TO BE FILLED OUT.

PLACING SIGNAGE ALONG YOUR PROPERTY'S FRONTAGE WILL NOT EXEMPT YOUR PROPERTY FROM BEING SPRAYED! PLEASE FOLLOW THE DIRECTIONS AS OUTLINED ABOVE.



BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

REQUEST FOR EXCLUSION FOR APPLICATION OF PESTICIDE

The application of pesticides is regulated under 333 CMR 13. This regulation is available for viewing at www.lawlib.state.ma.us/source/mass/cmr/333cmr.html

If you desire to have your property excluded from this application of pesticides (such as truck spraying for mosquitoes) you must comply with 333 CMR 13.03.

Please contact the Health Department at 978-468-5579 with any questions.

Designations must be made prior to March 1 of each year and shall be effective from April 1 of that year through March 31 of the following year.

APPLICANT'S INFORMATION

Date: _____

Resident Name: _____ Phone #: _____

Address: _____

E-mail Address: _____

Property Owner (if different): _____ Phone #: _____

Property Owner's Address: _____

Types of mosquito control applications to be excluded (please check):

_____ Adulticiding

_____ Larviciding

Signature _____

Date _____

REQUESTS MUST BE RETURNED BY CERTIFIED MAIL TO THE TOWN CLERK
WITH A COPY SENT TO BOARD OF HEALTH